



**CITY OF RIVERSIDE 2027 COBRA RATES
HEALTH/VISION and DENTAL**

HEALTH & DENTAL PROVIDER/COVERAGE CATEGORY*	MONTHLY MEDICAL PREMIUM	TOTAL (COBRA) MONTHLY PREMIUM**
Kaiser Permanente HMO \$15 COBRA		
Single	\$ 849.60	\$ 866.59
2-Party	\$ 1,716.20	\$ 1,750.52
Family	\$ 2,293.92	\$ 2,339.80
Kaiser Permanente HMO \$30 COBRA		
Single	\$ 828.72	\$ 845.29
2-Party	\$ 1,674.02	\$ 1,707.50
Family	\$ 2,237.54	\$ 2,282.29
Blue Shield HMO \$15 COBRA		
Single	\$ 1,056.04	\$ 1,077.16
2-Party	\$ 2,137.60	\$ 2,180.35
Family	\$ 2,952.49	\$ 3,011.54
Blue Shield HMO \$20 COBRA		
Single	\$ 894.97	\$ 912.87
2-Party	\$ 1,810.86	\$ 1,847.08
Family	\$ 2,500.10	\$ 2,550.10
Blue Shield TRIO HMO \$20 COBRA		
Single	\$ 771.02	\$ 786.44
2-Party	\$ 1,560.03	\$ 1,591.23
Family	\$ 2,153.80	\$ 2,196.88
Blue Shield TRIO HMO \$40 COBRA		
Single	\$ 650.60	\$ 663.61
2-Party	\$ 1,316.40	\$ 1,342.73
Family	\$ 1,817.43	\$ 1,853.78
Blue Shield PPO COBRA		
Single	\$ 1,799.38	\$ 1,835.37
2-Party	\$ 3,599.07	\$ 3,671.05
Family	\$ 4,590.22	\$ 4,682.02
Blue Shield High Deductible PPO		
Single	\$ 1,430.17	\$ 1,458.77
2-Party	\$ 2,860.62	\$ 2,917.83
Family	\$ 3,648.37	\$ 3,721.34
Delta Dental PPO COBRA		
Single	\$ 66.23	\$ 67.55
2-Party	\$ 120.19	\$ 122.59
Family	\$ 176.62	\$ 180.15
DeltaCare DHMO COBRA		
Single	\$ 25.74	\$ 26.25
2-Party	\$ 39.04	\$ 39.82
Family	\$ 58.46	\$ 59.63
Local Advantage Dental Plan COBRA		
Single	\$ 63.85	\$ 65.13
2-Party	\$ 115.87	\$ 118.19
Family	\$ 170.27	\$ 173.68
VSP Vision COBRA		
Single	\$ 6.92	\$ 7.06
2-Party	\$ 9.90	\$ 10.10
Family	\$ 17.72	\$ 18.07

*RATES ARE SUBJECT TO CHANGE

**INCLUDES 2% ADMINISTRATIVE FEE